

Receipt



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Karim Asani

SERIAL NO.: 09/523,789

ART UNIT: 2768

FILED : March 13, 2000

EXAMINER:

FOR: SYSTEM AND METHOD FOR SAFE FINANCIAL TRANSACTIONS IN E.
COMMERCE

Commissioner for Patents
Washington, D.C. 20231

TECH CENTER 2700

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REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicant(s) respectfully requests that the Assistant Commissioner issue a new, Corrected Filing Receipt in view of the error contained in the Corrected Filing Receipt. A copy of the Corrected Filing Receipt is attached hereto. Under "Applicants", please make the following correction:

Karim Asani, North York, Ontario, CANADA

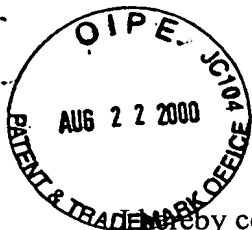
Applicant(s) respectfully requests that the Assistant Commissioner issue a new Filing Receipt to include the above-corrected name.

Respectfully submitted,

Date: August 22, 2000

Rashida A. Karmali

Rashida A. Karmali
Reg. No. 43,705
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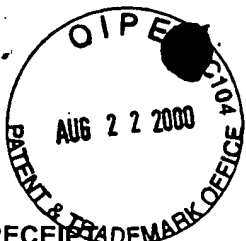
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington, D.C. 20231, on August 22, 2000.

Rashida A. Karmali
Name of applicant, assignee
Or registered representative

Rashida A. Karmali
Signature

Date of Signature



FILING RECEIPT



OC000000005120779

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	INT CLAIMS	IND CLAIMS
09/523,789	03/13/2000	2768	423	99951.1	7		

Rashida A. Karmali Esq
13 West 13th Street
Suite 3AN
New York, NY 10011RECEIVED
AUG 31 2000
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Date Mailed: 05/17/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s) KARIM ASANI, NORTH YORK, ONTARIO, TORONTO
Karim Asani, North York, ON CANADA;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 05/16/2000

** SMALL ENTITY **

Title

System and method for safe financial transactions in E,Commerce

Preliminary Class

705

Data entry by : RIVERS, ANNETTE

Team : OIPE

Date: 05/17/2000





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Bib Data Sheet

SERIAL NUMBER 09/523,789	FILING DATE 03/13/2000 RULE -	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. 99951.1
APPLICANTS Karim Asani, North York, Ontario, CANADA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE				
GRANTED ** 05/16/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>[Signature]</u> Initials		STATE OR COUNTRY CANADA	SHEETS DRAWING 7	TOTAL CLAIMS 12
				INDEPENDENT CLAIMS 5
ADDRESS Rashida A. Karmali Esq 13 West 13th Street Suite 3AN New York, NY 10011				
TITLE System and method for safe financial transactions in E,Commerce				
FILING FEE RECEIVED 423	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	